

VILLAGE OF BARRINGTON
200 S. Hough Street
Barrington, IL 60010-4322
847-304-3400
847-304-3490 (fax)

FREEDOM OF INFORMATION ACT REQUEST FORM

Received by _____
(Village Employee Signature)

Date Received _____
Comply By _____
(Within Seven (7) Working Days)

Requester Information:

Name _____
Address _____
Phone _____

Date Telephoned _____
Present Date _____

Specific Purpose of Request _____

Records Requested _____

I would like – Please Check

_____ To inspect these records
_____ Copies of the following records, and agree to \$0.25 per page therefore.
(If requesting copies of all records used above, state “all”.)

_____ Please certify the following documents. I agree to pay \$ _____ for each document certified, independent of charge for copying.

I warrant and represent that the records requested will not be used for purposes of furthering any commercial enterprise.

(Signature)

Notice: If your request is denied, you may appeal this decision in writing to the Village Manager who will make a final determination and issue a written response. Thereafter, if you have additional objections, the matter may be adjudicated. Please note that particular forms and time parameters are involved in the appeal process. You may request a copy of the Village’s Administrative Procedure which includes this information.

Date Complied with _____ # of copies made _____

Time taken to fill _____ Cost _____

Reason for extension or denial (if applicable) _____

